



**Liability Incident Report Form** *(for reporting vehicular related claims)*

• **Claimant's Contact Information:**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Claimant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If a Minor, Parent's Name and Age of Claimant: \_\_\_\_\_

Name of Auto Insurance Company \_\_\_\_\_

• **Incident Information:**

Date Incident Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of Incident: \_\_\_\_\_

Approximate Time Incident Occurred: \_\_\_\_\_<sup>†</sup> a.m.<sup>†</sup> p.m.

Description of Incident: <sup>†</sup> Injury <sup>†</sup> Property Damage (Loss or Damage to Personal Property)

Description of Incident *(attach any supporting documents and/or available photos further supporting claim):*

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Police at scene? <sup>†</sup> Yes <sup>†</sup> No

Citations/Violations \_\_\_\_\_

Police Agency: <sup>†</sup> State<sup>†</sup> City<sup>†</sup> County

Road conditions: <sup>†</sup> Wet <sup>†</sup> Dry

Weather Conditions: <sup>†</sup> Wet <sup>†</sup> Dry

**YOUR VEHICLE**

Vehicle Year, Make, and Model: \_\_\_\_\_

VIN No. \_\_\_\_\_ License Plate No. \_\_\_\_\_

Owner's Name &amp; Address: \_\_\_\_\_ + \_\_\_\_\_

Owner's Phone &amp; Email: \_\_\_\_\_

Driver's Name &amp; Address: \_\_\_\_\_

Driver's Phone &amp; Email: \_\_\_\_\_

Relation to Insured: \_\_\_\_\_

Date of birth \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Purpose of Use \_\_\_\_\_ use with Permission? ☐ Yes ☐ No

Describe Damage: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy No. \_\_\_\_\_

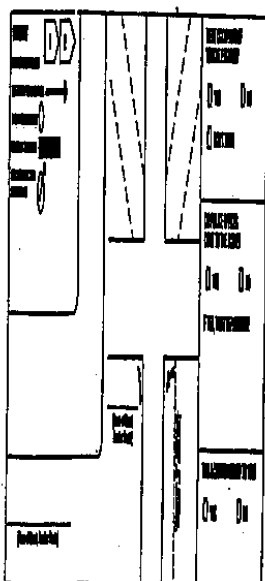
**INJURED**

Name &amp; Address \_\_\_\_\_

Contact Information: \_\_\_\_\_

**WITNESS OR PASSENGERS (either vehicle)**

Name	Address	Phone
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On diagram, indicate what happened:

☐ Highway ☐ Two-Lane ☐ Three Lane ☐ Four Lane ☐ Gravel☐ Narrow Road ☐ One-Way

Report prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_/\_\_\_\_/\_\_\_\_